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Docket No.: 024047.370B-US02
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Todd R. Henderson et al.

Application No.: 10/824,498

Group Art Unit: 1617

Filed: April 15, 2004

Examiner: S. Wang

For: THE USE OF ANABOLIC AGENTS, ANTI-
CATABOLIC AGENTS, ANTIOXIDANT
AGENTS, AND ANALGESICS FOR
PROTECTION, TREATMENT AND REPAIR
OF CONNECTIVE TISSUES IN HUMANS
AND ANIMALS

TRANSMITTAL LETTER

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Enclosed are the following items for filing in connection with the above-referenced
Patent Application:

1. Fee Transmittal;
2. Amendment Transmittal Letter (in duplicate);
3. First Preliminary Amendment;
4. First Supplemental Information Disclosure Statement;
5. Form PTO/SB/08a/b;

6. Request for Corrected Filing Receipt;
7. Marked-up Copy of the Official Filing Receipt;
8. Supplemental Application Data Sheet;
9. Check No. 365787 for \$2,080.00 to cover the excess claims fee; and
10. Return receipt postcard.

The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 50-0740, under Docket No. 024047.370B-US02. A duplicate copy of this paper is enclosed.

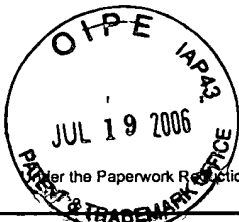
It is not believed that extensions of time fees are required beyond those that may otherwise be provided for in documents accompanying this paper. However, if additional extensions of time are necessary to prevent abandonment of this application, then such extensions of time are hereby petitioned under 37 C.F.R. § 1.136(a), and any fees required therefor are hereby authorized to be charged to our Deposit Account No. 50-0740.

Dated: July 19, 2006

Respectfully submitted,

By 
Natalie M. Derzko

Registration No.: 48,102
COVINGTON & BURLING LLP
1201 Pennsylvania Avenue, N.W.
Washington, DC 20004-2401
(202) 662-6000
Attorney for Applicants

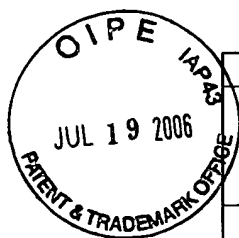


FEE TRANSMITTAL For FY 2006		Complete if Known		
		Application Number	10/824,498-Conf. #6565	
		Filing Date	April 15, 2004	
		First Named Inventor	Todd R. Henderson	
		Examiner Name	S. Wang	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Art Unit	1617		
TOTAL AMOUNT OF PAYMENT	(\$)	2,080.00	Attorney Docket No.	024047.370B-US02

METHOD OF PAYMENT (check all that apply)	
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify):	
<input type="checkbox"/> Deposit Account	Deposit Account Number: 50-0740
Deposit Account Name: Covington & Burling LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
						Small Entity	
Fee Description						Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
84 - 20 = 64		x 25.00	=	1,600.00			
HP = highest number of total claims paid for, if greater than 20.						180.00	180.00
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
6 - 3 = 3		x 100.00	=	300.00			
HP = highest number of independent claims paid for, if greater than 3.						180.00	180.00
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
	- 100 =	/50	(round up to a whole number) x				
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)						Fees Paid (\$)	
Other (e.g., late filing surcharge):							

SUBMITTED BY			
Signature	<i>Natalie M. Derzko</i>	Registration No. (Attorney/Agent)	48,102
Name (Print/Type)	Natalie M. Derzko	Telephone	(202) 662-6000
		Date	July 19, 2006



AMENDMENT TRANSMITTAL LETTER

Docket No.
024047.370B-US02

Application No.
10/824,498-Conf. #6565

Filing Date
April 15, 2004

Examiner
S. Wang

Art Unit
1617

Applicant(s): Todd R. Henderson et al.

THE USE OF ANABOLIC AGENTS, ANTI-CATABOLIC AGENTS, ANTIOXIDANT AGENTS,
Invention: AND ANALGESICS FOR PROTECTION, TREATMENT AND REPAIR OF CONNECTIVE
TISSUES IN HUMANS AND ANIMALS

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	84	- 20 =	64	x 25.00	1,600.00
Independent Claims	6	- 3 =	3	x 100.00	300.00
Multiple Dependent Claims (check if applicable) <input checked="" type="checkbox"/>					180.00
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					2,080.00

☐ Large Entity

☒ Small Entity

☒ No additional fee is required for this amendment.

☐ Please charge Deposit Account No. _____ in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.

☒ A check in the amount of \$ 2,080.00 to cover the filing fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge and credit Deposit Account No. 50-0740
as described below. A duplicate copy of this sheet is enclosed.

☒ Credit any overpayment.

☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

Natalie M. Derzko
Natalie M. Derzko
Attorney/Agent Reg. No.: 48,102

Dated: July 19, 2006

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